## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/523775

CLAIMS AS FILED - PART I												
		OLAMIS		umn 1)	(Column 2)			SMALL EN	ΠΙΥ	OR	OTHER SMALL	R THAN ENTITY
U.S. NATIONAL STAGE FEES				20		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	RATE	FEE	7	RATE	<del></del>
BA	SIC FEE		SMALL E	SMALL ENT. = \$ 150		GE ENT. = \$ 300	1	BASIC FEE	-	OR		FEE
EX	AMINATION F	EE		Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations =	1	EXAM. FEE		100		1300
SE	ARCH FEE		U.S. is ISA	U.S. is ISA = \$50/\$ 100		\$ 100 / \$ 200 ther situations =	ł	Sour PEE	ļ	┨	EXAM FEL:	200
	ARCH FEE		•	ALL other countries = \$ 200 / \$ 400		\$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	COY
FEE	FOR EXTRA	SPEC. PGS.	m	minus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
τοτ	TAL CHARGEA	BLE CLAIMS	20,	ninus 20 =	•			X \$ 25 =		OR	X \$ 50 =	
IND	EPENDENT C	LAIMS		minus 3 =	•			X \$ 100 =		OR	X \$ 200 =	<del>                                     </del>
MU	LTIPLE DEPEN	IDENT CLAIM PE	ESENT	N				+ \$ 180 =	-	OR	+\$360=	<del> </del>
* If the difference in column 1 is less than zero, enter					)" in c	olumn 2		TOTAL		OR	TOTAL	900
			445					'		•		700
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
>		CLAIMS	<del></del>	(Colum		(Column 3)		OHALL E			SMALL	NTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 20	Minus	-20	<u>)                                    </u>	=		X \$ 25 =	·	OR	X \$ 50 =	
	Independent	• 1	Minus	2	<u> </u>	=		X \$ 100 =		OR	X \$ 208 €	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ī	+\$ 180 =	7	OR	+ \$ 360 =	1
							-	TOTAL ADDIT.		OR	TOTAL ADDIT.	-
								FEE		0	FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)		•	•		• .	
		CLAIMS		HIGHE			Γ		ADDI-	Г		4501
MENT B		REMAINING AFTER		PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL
		AMENDMENT		PAID F	OR	<b>S</b>	L		FEE	ı		FEE
S C	Total	•	Minus	**		=	ſ	X \$ 25 =		OR	X \$ 50 =	
AMEND	Independent	•	Minus	***		-	ſ	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						上	+\$.180 =		OR	+\$360=	
								OTAL ADDIT.		OR L	TOTAL ADDIT.	
FEEOR FEE												
											•	1
	If the color in only	mn 1 je lace than the	ambu la actioni	9		_						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".												
***	If the "Highest Nu	mber Previously Pai	d For IN THIS S	PACE is less	than '3'.	enter "3".						ŀ
	ine najiratrun	nber Previously Paid	A-CAL ELICISION OLD	uependent) is	vne high	est number found in	n the	appropriate box i	A column 1.			